

## **MEDICAID PHARMACY CONSOLIDATION MCO TECHNICAL ADVISORY COMMITTEE MEETING MINUTES FROM January 23, 2008**

**I. Welcome and Introductions:** The meeting was convened at 10:02am by Jim Vavra. Jim asked for members to introduce themselves and reviewed the agenda with members. Comments on or changes to the minutes should be sent to Rich Albertoni.

### **II. Follow-up Items and Updates.**

- **NPI:** Kimberly Smithers told the group that the State and EDS are working on a contingency plan, the final details of which are not available. She will report back to the group when they become available.
- **Recipient Lock-in Program:** Mike Mergener and Allan Mailloux of APS Healthcare provided updates on the RLP. Spreadsheets from the health plans are due back to DHCAA by Friday, January 25, 2008. The Division is ready to notify EDS of the HMO RLP members. To date, DHCAA has heard back from about half of the health plans.

Unlike FFS, some health plans assign lock-in members to a primary care physician only. FFS assigns all lock-in members to a pharmacy. ER visits of members in FFS lock-in have declined 25% since these members have been in lock-in.

The HMO ID in the medical provider ID field automatically generates a notification letter to the HMO. The comments field can contain information on lock-in physicians and health plan preferences regarding who can prescribe for the lock-in member. APS will have this information on file and can communicate it to pharmacies. Notices from the health plan can be added to the case file at any time.

The first lock-in notice advises the member of the Department's intent to place the member into the lock-in program and advises the member of his or her appeal rights. The second notice advises the member of the lock-in provider and duration. Copies of both notices are sent to the HMOs.

- **Grandfathering – 2<sup>nd</sup> Phase:** Carrie Gray provided an update to the committee members that the first set of grandfathering files are loaded. She reminded the HMOs to have their January 2008 claims for affected patients to the Department by February 8, 2008, to ensure that new patients can be added to the grandfathering table. In mid-March, the Department will retrieve a third extract for the February 2008 FFS claims data to add to the table.
- **Call Center Hours:** EDS will be providing additional call center coverage for members and providers the first two weekends in February and April. Call center hours will be from 9am to 4pm, Saturday and Sunday. State staff is also available on call on the weekends.

The Department is also planning a series of daily SWAT team meetings, beginning February 1, 2008, to review any problems that arise.

The call center scripts for customer service staff are in the packet. TAC members were asked to review and send comments to Carrie Gray. DHCAA staff will also be creating an FAQ document for the Department website's pharmacy consolidation page, the URL for the pharmacy consolidation page is <http://dhfs.wisconsin.gov/medicaid4/pharmacy/consolidation/index.htm>.

- Jim Vavra reviewed the hearing held by Representative Vukmir. Her primary concerns were the savings estimates and continuity of care. Mr. Vavra reviewed the stakeholder groups that DHCAA staff have met or will meet with to discuss the pharmacy consolidation, including PSW, SMS, the Mental Health Drug Advisors, the SSI advisors, the SeniorCare Advisory Committee, and the Survival Coalition.
- Rich Albertoni reviewed email questions that committee members had sent in since the January 9, 2008:
  - Physician-administered drugs. The HMO capitation rate continues to fund payment for J-codes by the HMOs but does not fund the payment of drugs billed using an NDC. As such, the Department expects HMOs to direct their providers to follow past procedures for billing. This policy applies to home infusion pharmacies as well. The Department will conduct post pay reviews to determine compliance. The Department will review this policy again in 2009 when we have the system capacity to implement a full carve out of these drugs.
    - ✓ MHS indicated that it would be helpful to know PMPM how many dollars were left in the capitation rate for J-codes.
    - ✓ The Department asked for HMO data on children in their population taking Synagis and on members taking growth hormone.
  - Unresolved appeals and grievances. UHC asked what happens to unresolved grievances and appeals after 2/1/08. DHCAA staff replied that grievances and appeals related to claims with a date of service (DOS) before 2/1/08 should continue to be handled by the HMO. Those related to claims with DOS on or after 2/1/08 will be handled by FFS.
  - Conversions to Benchmark plan. Some managed care members in the February file are moving into Benchmark plan. DHCAA needs to research whether there is an error in the file or whether they are really benchmark plan members.

**III. Data Extract Testing:** Lisa jo Von Allmen indicated that the HMO can now begin logging in to the EDI web application. Test files will be available at the end of the week. The files will remain on the FTP server for 20 days. If a plan misses the deadline, call

the EDI help desk for assistance. The 20 day posting duration can be evaluated at a later date and modified if it is not working for the health plans. With the implementation of the new Medicaid Management Information System, a re-design of the daily extract will occur. The following fields will be considered as re-design moves forward:

- Dispense as Written indicator
- Patient gender
- GPI
- Refills remaining
- Brand/generic indicator
- DEA schedule
- Multisource
- OTC indicator
- Ingredient cost
- Dispensing fee
- Gross amount due
- Patient portion
- Total cost
- Prescriber name
- Dosage
- Drug name
- Refill code

The re-design will also consider expansion of field lengths.

The group discussed billing claims for newborns who have not yet been assigned a BadgerCare Plus member ID number. Post HIPAA regulations do not allow real time claims for children without their own BadgerCare Plus member ID number. DHCAA staff will research this issue further and construct an FAQ to advise the HMOs.

The group also discussed the Department's savings estimate attached to the implementation of copayments for these SSI members. Health plans are concerned that total health care costs were not taken into account by the Department. In addition, there is much concern about the imposition of copayments for SSI members, especially given that elimination of copayments was used as a means to move SSI members into managed care. DHCAA staff indicated that state statute requires copayments for all members in FFS. It would require an act of the state legislature to change.

The Department will conduct a pre/post analysis of the consolidation six months after implementation to determine the impact and evaluate savings.

**IV. Next Meeting:** The next meeting of the Medicaid Pharmacy Consolidation MCO Technical Advisory Committee is scheduled for Thursday, February 14, 2008 from 1-3 pm. The meeting will be held at DHFS, 1 W. Wilson Street, Room 751.